

Wisconsin Department of Safety and Professional Services

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1400 E. Washington Avenue
Madison, WI 53703

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Website: http://dsps.wi.gov

DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

NOTICE OF REAL ESTATE EMPLOYMENT

*A salesperson, timeshare salesperson, or broker-employee may act as agent for a **BROKER-EMPLOYER** when this properly-completed form and fee has been submitted to the department.*

TYPE OR PRINT IN INK

SECTION A: THIS SECTION IDENTIFIES THE LICENSEE WHO WILL BE EMPLOYED BY OR OTHERWISE WORK UNDER THE SUPERVISION OF ANOTHER BROKER.

TYPE OF LICENSE ISSUED TO YOU: ☐ Broker ☐ Salesperson ☐ Timeshare Salesperson

ENTER YOUR LICENSE NUMBER:

Last Name First Name MI

Mailing address (Number, Street,)

City State Zip Code

DATE OF BIRTH:

month day year

DAYTIME TELEPHONE NUMBER:

(Include area code) (_____) _____

LICENSEE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC.

I hereby swear and affirm that the answers set forth are true and correct to the best of my knowledge and belief and I understand that failure to comply with the statutes and rules of the Department may be cause for disciplinary action.

Signature of Licensee Date

Subscribed and sworn before me this _____ day of _____, _____.

Signature of Notary Public (Seal) Date Commission Expires

For Receipting Use Only

APPLICATION FEE: Make check payable to Department of Safety and Professional Services and attach to this application. If fee is not attached, processing of this form will not occur.

☐ \$ 10.00

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SECTION B: THIS SECTION IDENTIFIES THE BROKER WITH WHOM OR BY WHOM THE LICENSEE IN SECTION A WILL BE ASSOCIATED OR EMPLOYED

TYPE OF LICENSE: Broker-Employer is: (Check appropriate box.)

☐ Sole Proprietor Broker

☐ Business Entity (Corporation, Partnership, Association, Limited Liability Company)

PRINT NAME AND ADDRESS OF BROKER-EMPLOYER EXACTLY AS THAT INDIVIDUAL SOLE PROPRIETOR, OR BUSINESS ENTITY IS LICENSED:

Business Entity Name

Business Address of Broker-Employer's Main Office (Number, Street, City, State, Zip Code)

License Number: _____ Main Office Telephone Number: _____

(____) _____

This statement must be signed by the sole proprietor broker-employer or a licensed broker who is a director, manager, member, officer, owner or partner of the broker-employer entity listed above.

This is to certify that the broker-employer listed will assume responsibility for the licensee and failure to comply with the statutes and rules of the Department may be cause for disciplinary action.

Print name of person signing below

Signature of either the sole proprietor broker or a director, manager, member, officer, owner or partner of the broker-employer entity listed above.

Date
